2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address,

SIGNATURE:∠

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 2007 8:00 am Secretary of State DOCUMENT # P03000094926 1. Entity Name 01-23-2007 90041 041 ***150.00 MILLCOM, INC. Principal Place of Business Mailing Address 10078 CHESHUNT DR. 10078 CHESHUNT DR. ORLANDO, FL 32817 ORLANDO, FL 32817 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2470 Castlewood Road 2470 Castlewood Road Suite, Apt. #, etc. Suite, Apt. #, etc 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Maitland, Maitland, FL 20-0193398 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32751 32751 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, WALTER Street Address (P.O. Box Number is Not Acceptable) 10078 CHESHUNT DRIVE ORLANDO, FL 32817 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P,T TITLE Delete TITLE Txt Change ☐ Addition MILLER, WALTER NAME 2470 Castlewood Road STREET ADDRESS 10078 CHESHUNT DR. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32817 CITY-ST-ZIP Maitland, FL 32751 V.S TITLE ☐ Delete TITLE Change ■ Addition MILLER, STEPHANIE NAME NAME 10078 CHESHUNT DR. STREET ADDRESS STREET ADDRESS 2470 Castlewood Road CITY-ST-7IP ORLANDO, FL 32817 CITY-ST-ZIP Maitland, FL 32751 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #